WHO recommendations: **Induction of labour at or beyond term**

World Health Organization

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ABBREVIATIONS

BMGF	Bill & Melinda Gates Foundation
CI	Confidence interval
CS	Caesarean section
DOI	Declaration of Interest
FIGO	International Federation of Gynaecology and Obstetrics
FWC	Family, Women's and Children's Health (a WHO cluster)
GDG	Guideline Development Group
GRC	Guideline Review Committee
GRADE	Grading of Recommendations, Assessment, Development, and Evaluation
GREAT	Guideline development, Research priorities, Evidence synthesis, Applicability of evidence, Transfer of knowledge (a WHO project)
GSG	Executive Guideline Steering Group
HIC	High-income country
ICM	International Confederation of Midwives
IOL	Induction of labour
LMIC	Low and middle-income country
MCA	[WHO Department of] Maternal, Newborn, Child and Adolescent Health
MCSP	Maternal and Child Survival Programme
MPA	Maternal and Perinatal Health and Preventing Unsafe Abortion (a team in WHO's Department of Reproductive Health and Research)
MPH	Maternal and perinatal health
NNT	Number needed to treat
PICO	Population (P), intervention (I), comparison (C), outcome (O)
RHR	[WHO Department of] Reproductive Health and Research
RR	Relative risk
SDG	Sustainable Development Goals
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

Introduction

Induction of labour is defined as the process of artificially stimulating the uterus to start labour. It is usually performed by administering oxytocin or prostaglandins to the pregnant woman or by manually rupturing the amniotic membranes. Induction of labour is not risk-free, and many women find it uncomfortable. Over the past several decades, the incidence of inducing labour for shortening the duration of pregnancy has continued to rise. In high-income countries, the proportion of infants delivered at term following induction of labour can be as high as one in four births. In low- and middle-income countries the rates are generally lower, but in some settings, they can be as high as those observed in high-income countries.

Improving care for women around the time of childbirth is a necessary step towards the achievement of the health targets of the Sustainable Development Goals (SDGs). Efforts to prevent and reduce morbidity and mortality during pregnancy and childbirth could help address the profound inequities in maternal and perinatal health globally. To achieve these aims, healthcare providers, health managers, policy makers and other stakeholders need up-to-date and evidence-based recommendations to inform clinical policies and practices.

In 2017, the Executive Guideline Steering Group (GSG) on the World Health Organization's (WHO) maternal and perinatal health recommendations prioritized the updating of the existing WHO recommendations on the induction of labour at or beyond term in response to important new evidence on this intervention. These recommendations are a revalidation of the previous recommendations issued in 2011 in the *WHO recommendations on induction of labour.*

Target audience

The primary audience of these recommendations includes health professionals who are responsible for developing national and local health protocols (particularly those related to induction of labour) and those directly providing care to pregnant women and their newborns, including: midwives, nurses, general medical practitioners, obstetricians, managers of maternal and child health programmes, and relevant staff in ministries of health, in all settings.

Guideline development methods

The updating of these recommendations was guided by standardized operating procedures in accordance with the process described in the *WHO handbook for guideline development*. The recommendations were initially developed using this process, namely:

(i) identification of the priority question and critical outcomes;

(ii) retrieval of evidence;

(iii) assessment and synthesis of evidence;

(iv) formulation of the recommendation; and

(v) planning for the dissemination, implementation, impact evaluation and updating of the recommendations.

The scientific evidence supporting the recommendations was synthesized using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE) approach. This systematic review was used to prepare evidence profiles for the prioritized question. WHO convened an online meeting on 2 May 2018 where an international group of experts – the Guideline Development Group (GDG) – reviewed and approved the recommendations.

The recommendations

The GDG reviewed the balance between the desirable and undesirable effects and the overall certainty of supporting evidence, values and preferences of stakeholders, resource requirements and cost- effectiveness, acceptability, feasibility and equity. The GDG revalidated the WHO recommendations published in 2011 with minor revisions to the remarks and implementation considerations.

To ensure that the recommendations are correctly understood and applied in practice, guideline users should refer to the remarks, as well as to the evidence summary if there is any doubt as to the basis for the recommendations and how best to implement them.

Table 1: WHO recommendations on the induction of labour at or beyond term

1. Induction of labour is recommended for women who are known with certainty to have reached 41 weeks (>40 weeks + 7 days) of gestation. (*conditional recommendation, low-certainty evidence*)
Remarks • This recommendation does not apply to settings where the gestational age cannot be reliably estimated. • The potential need for induction of labour for women with a post-term pregnancy should be discussed with women in advance, so that they have an opportunity to ask questions and understand the benefits and possible risks.
2. Induction of labour is not recommended for women with an uncomplicated pregnancy at gestational age less than 41 weeks. (conditional recommendation, low-certainty evidence)
Remarks • There is insufficient evidence to recommend induction of labour for women with uncomplicated pregnancies before 41 weeks of pregnancy.

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